

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584165

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		2				
12		2				
13		1				
14		2				
15		2				
16			1			
17				1		
18				1		
19				1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	16	←	13	←		←
TOTAL CLAIMS	18		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						